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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### CASES OF HERNIA OPERATED ON FOR RADICAL CURE BY INJECTING THE HERNIAL RINGS.

Read before the Otsego County Medical Society, New York, Jan. 20, 1880, and before the Suffolk District Medical Society, Feb. 28, 1880,

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Of Boston, Mass.

MR. PRESIDENT AND FELLOWS:—In presenting this report to you, on injecting the hernial rings, I have to thank you for the interest you have already taken in my efforts to perfect and present to the profession a radical cure for hernia. The encouragement which I have received from you, from a number of our distinguished surgeons, and from many of our profession throughout the country, leads me to think that the value of the operation which I present is being rapidly recognized.

When we consider the terrible distress this complaint entails upon humanity, is it any wonder that a vast army of our fellow beings, rather than submit to the knife and the painful operations now performed for the cure of hernia, seek relief at the hands of irregular and often itinerant practitioners, who by flaming advertisements and artful promises offer sure and painless cures, only to entrap, and so to say, devour their innocent victims, like the wolf in the fable? In view of such impostors and impositions, is it not high time that every son—I was about to add every daughter—of Esculapius should heartily aid every honest endeavor you or I or any member of the regular profession may make to develop, in an open and legitimate manner, an operation

that has been many times performed with success? Nay, more, are we not in duty bound to the cause of science to endorse and encourage all such efforts, at least so far as they rest upon a true surgical principle and possess the merit of an honorable attempt to advance the medical and surgical art?

Many have been the attempts in the past to operate for the cure of hernia by injection, and among the operators we find the noted names of Velpeau, Pancoast, J. Mason Warren, and others. While one discovered this important principle, and another that, none except Heaton ventured to inject hypodermically without first cutting down upon the parts, and none were so successful as to warrant us in saying that they had really discovered a radical and lasting cure, except Dr. Heaton.

But because Dr. J. Mason Warren successfully injected sulphuric ether in one case (see *Observations on Surgery*, page 166), I am not bound to use only sulphuric ether in my injections; because Schwalbe, of Germany, injects alcohol, and Heaton oak bark, I am not bound to use either alone, if I can find a better formula. We all must reason for ourselves, and I feel confident that by combining ether, alcohol, oak bark and morphia, in my injecting mixture, I occlude the rings with less disturbance of the constitution and of the heart's action, than where a single fluid is used alone. I wish to say just here, that at the time when I made up my formula I knew nothing of the use of sulphuric ether by Dr. Warren, or of alcohol by Dr. Schwalbe, in the cure of hernia. (Although it is a strange coincidence, the idea was as truly original with me as it had been with them.) I recall one of my cases

where the pulsation, which just before the time of operation was 80 per minute, fell after the operation about ten beats, and continued to fall, until in an hour it was 65. While, then, this mixture exerts a sedative influence on the arterial system, its stimulating properties cause a rapid and localized effusion of lymph where it is desired for the organization of new tissue.

The following formula I find to be the best for injection:—

For infants and children to the age of five, for accidental or congenital hernia, use the aqueous extract of oak bark of Dr. Heaton's formula.

For children five to fifteen years of age, extract of oak bark distilled to the consistency of glycerine, with ten drops to the drachm of sulphuric ether.

For old and long standing hernia, congenital or otherwise, I find the latter extract of oak bark, with one drachm of absolute alcohol to four

of the extract, and one drachm of sulphuric ether, with one or two grains of sulphate of morphia, gives me the best results in my operation.

My instrument consists of a barrel holding a drachm or two, and through a fenestrated opening the graduations can be read. It has a valve attachment which will allow from one to sixty drops to pass from the barrel through the spirally-twisted needle, which is joined to the lower end of the barrel by a metal cap. This cap allows the needle, fitting accurately, to revolve upon a ruby or diamond pierced with an orifice for the exit of the fluid.

The piston is forced down upon the fluid by means of a spiral spring which has sufficient force to eject the fluid upon the parts at right angles.

The long needle which was in the box with my hernia instrument was an aspirating needle with the same spiral twist as my hernia needle. It will, therefore, pass through the tissues with greater ease than the needle in ordinary use, and will be found much more desirable, particularly in tapping effusions about the heart, deep-seated abscesses in

the bowels and liver, or in hydrocele and effusions of the knee joint. It will remain and be held, by its peculiar form, in any position and at any depth we may desire.

In developing the operation, as I have said, I have not been necessarily the apostle or disciple of any one, nor have I felt myself bound by the teachings or example of any one, except so far as I recognized that true principles and worthy precepts had been given. I present it to you simply on its merits, and ask only that you fairly investigate its principle and results before passing judgment on it.

I think I know somewhat of the conservatism of the better part of our profession, and while I am, upon proper grounds, the most conservative of conservatives, I do not believe it fair or just to be unreasonably prejudiced. Judging from the history of medicine and surgery, I feel very confident that when this operation is examined in its details and thoroughly understood, it will be accepted as one of the most legitimate operations for the cure of hernia. I do this operation as we perform all surgical operations, as an experiment (for we should always remember that every operation in surgery is on this principle).

I cannot, with true regard to truth and modesty, boldly assert such favorable terminations in *all* of my operations, as we are led to infer by Dr. Heaton, in his work upon hernia and in his reply to the committee sent him by the American Medical Association. Although he boasted so freely, yet you and the medical gentlemen in every city in the country *know* that he did not cure all upon whom he operated. There are some half dozen whom he attempted to cure, who are to present themselves to me for operation; one in particular, to whom Dr. Heaton said: "You see that sun shine? well, just as sure as that sun shines I can and *will* cure you."

I also find much in his book that is vague and unreliable, and might, if implicitly followed, lead one astray in the operation. I have the best of reasons for saying that had he lived he would, in a future edition, have corrected many statements, particularly in regard to the inflammation he set up. This I know from going over the whole ground with him personally. Indeed, he greatly regretted that he had ever given the operation to the profession, from the fear that all would not fully comprehend his meaning and that some one would use a dangerous-pointed instrument and bring discredit upon his pet operation, and, possibly, seriously injure or even kill a patient.



He would again and again refer to these hypodermic needles, spear- and lancet-shaped instruments, in terms far from commendatory, saying, "they will yet cut some artery so minute that it will escape their notice at the time, the patient will bleed to death, and then they will condemn me and my operation."

I have thought that perhaps the best way for me to show you the merits of this operation for the radical cure of hernia is to tell you of its success in my experience. I will therefore detail a few of my cases very carefully.

**OPERATIONS Nos. 1, 2.**—On July 10th, 1879, I operated upon Mr. G., age 23, for double inguinal hernia direct, on both sides. The openings in the rings were one and a quarter inches and one inch, respectively. I injected about twenty minimis into the larger rupture, which was on the right side, and fifteen minimis into the smaller one, on the left side. After going through the ordinary course of a slight feverish condition, with an increase of temperature for three or four days, the case made the usual recovery, by perfect occlusion of the hernial rings and retention of the intestines within the abdominal cavity.

The patient appeared at the expiration of ten or twelve days as if he had never been ruptured, and no one would have known that he had ever been, unless by previous knowledge of the fact. The cure was simply perfect, without even the bulging of the integuments that we often see when by this operation a cure has been effected in large hernie.

The patient being a laborer, dusting and washing cars, I thought it best for him to remove the bandage which we had applied while he was undergoing the treatment, and wear a truss. I therefore ordered a double, hard rubber truss, thinking that this would give him the best security and freedom from accidents.

For this truss I sent him to an old friend of mine, a regularly educated and once practicing physician, but now the head of one of our largest surgical instrument establishments in this country. With this patient I sent a note telling the doctor that I had just operated on the man for the radical cure of a double hernia, and requesting him to fit the case with a nice, suitable truss. After the patient had the truss put on by my friend, the doctor, he returned to me, and as it was not a suitable one I sent him back to the same place for a better one.

As I saw no more of him I supposed, from my long experience with the manufacturing establishment, that he had been properly fitted the second

time. On the contrary, to my mortification and chagrin, I was soon told by the attending physician that this second truss was no better than the first, but that when the man sat down, it would strike against the back of the chair, and be thrown forward off the seat of the rupture, and thus would not support and sustain the weakened rings. Of course, our whole design in ordering it was to sustain these rings, as the adhesions had not yet become sufficiently strong fully to resist the pressure of the intestines and other parts against them.

His physician stated, also, that the patient said that the doctor, when he fitted him, made him strain, force down and cough all he could.\* By such treatment there was naturally produced some protrusion of the parts, and I said that if he had not by this means re-ruptured the man I should think it almost a miracle. As, moreover, he assumed the liberty with this patient to tell him that he was not cured, I took it rather ill at first.

Now I hear you say if this had been my patient I should have been indignant at such proceedings on the part of my friend the doctor, particularly after I had written to him that the operation had just been performed, and after I had in the most friendly manner possible requested him to fit the patient with great care. Please defer, for one moment, your harsh criticism, for in the first place the doctor did in this case just what most of us might have done under similar circumstances. The patient is said to be cured, and to all appearances is cured (I may add that I truly think that this man was cured, and that such was also the opinion and belief of his attending physician); now I say, this being the case, the doctor did not stop to consider, (it may be, the young and tender state of the united tissues, any more than many others would. This is an operation all are not conversant with, and just how strong the parts are and how far they will bear straining, all are not supposed to know at present.

Suppose, too, on the other hand, we were a dealer, fitting, for example, a wooden leg, and wishing to sell, would it not be natural for us, regardless of the very recent cicatrice, to cause the patient to force his amputated limb into the artificial one, and to try and convince him that he could walk more miles without fatigue with this leg than with the one lost in battle.

No, gentlemen, I do not blame my friend for

\* This story should be taken with a grain of allowance, as my friend, who adjusted the truss, says he thinks the patient brought this condition of his rupture on himself, and I certainly would credit the doctor sooner than any patient.

thus treating my patient, and it is with no ill feeling that I refer to the matter at this time, although it is true that this was my first operation for the radical cure of hernia, and naturally a pet one. I speak of the case to show that it proves one thing certain, viz: That a great amount of violent treatment can sometimes be endured immediately after the operation without a new rupture taking place; for with this man one side, strange to say, did not move or protrude in the least, while the other did.

Still, I would not advise much violence to be done to the tissues while they are in a fresh state of adhesion, since their condition soon after, nay, for months after the operation, may be compared to freshly-glued pieces of wood. It is true, there will immediately be some adhesion, so as to hold them together, but if any force, even if of a very slight nature, be at once applied, it will cause them to part. Should, however, a longer time be allowed to elapse before force is applied, the pieces will be found adhering so firmly that the fibres themselves will separate sooner than allow the wood to part. Just so is it with the tissues of the body after this operation. The tenor of adhesiveness of the rings and surrounding parts is at first slight, but after a period of time the new formation of adhesive fibres will often be found stronger in cohesion, because of their contraction and consolidation, than any other part of the dependent tissues composing the rings.

This case is instructive, then, in three ways: *First*, it shows how a severe hernia may be successfully cured; *secondly*, how much ill treatment a hernia thus cured may sometimes endure; *thirdly*, how easily this relief may be forfeited by interference with the process of healing, whether in fitting a truss or by making the patients cough, force down or strain in any way, to gratify a mere idle curiosity.

OPERATIONS Nos. 3, 4 and 5.—This case is a unique one, and in many respects more instructive than any we may ever meet again. Mr. P., aged between forty-five and fifty, applied to the late Dr. Heaton for an operation, but for some reason was deferred. After Dr. Heaton's demise the gentleman presented himself to me for the operation, telling me that he had been ruptured for eighteen years and that Dr. Heaton had promised to operate on him. I examined him, and frankly told him that I did not have much faith that he could be cured by the operation, but that if he wanted me to try to effect relief I would do so, with the distinct understanding that I did not know what the result would be,

and that I would not, on any account, warrant the least relief or cure.

Accordingly, on the 25th of July, 1879, at 220 Harrison avenue; formerly occupied by Dr. Heaton as his hospital, I operated on the man for two of the largest herniae I have ever seen. They were double inguinal; on the left side with a ring two inches in diameter, on the right side with a ring one and a half inches in diameter. He said it had been well nigh impossible to retain the bowels in their proper cavity by any or all artificial means, and so great had been his pain that he was constantly longing for the time to come when he could lie down, to ease his sufferings. At the time of operation he was wearing a very large elastic abdominal supporter and truss combined, although neither this nor the "hundred different trusses he had at home" could retain the ruptures in their proper position, because, as he expressed it, the herniae were so large, especially on the left side, that they would "boil over" any truss that was applied. It is needless to say that the patient was suffering not only this physical anguish, but also mental depression.

In my operation I found it necessary, on account of the greatly dilated rings, to inject a larger amount of *quercus alba* than usual. About eight hours after the injection the pulse and temperature began to rise, reaching their maximum on the second and third day. On these days the temperature was 99.5° and the pulse about 90. They now began to diminish, until on the fifth day only a slight increase over the normal condition was noticeable. On the same day he had a free evacuation of the bowels, from a dose of *seidlitz powder*.

During all the time since the operation the urine was passed normally, and he complained very little of pain, except in the immediate vicinity of the rings, where the injection had been made.

On the eighth day after the operation the swelling, which at its maximum had extended up as high as the crest of the ileum, running along the oblique muscles on both sides, had wholly disappeared. There was no tenderness around the umbilicus, nor any indication of inflammation of the peritoneum, except in a very limited spot around the rings. The hernial sac on both sides was enormously enlarged and thickened, and on the left side bound down by some adhesion. Upon examining the patient in the erect position, I found the herniae well retained in the abdominal cavity and the rings firmly and well filled, except in a small portion of the superior part on the left side.

Fearing this might dilate, and finally allow a hernial protrusion, I operated again on August 2d, on the left side, to guard against such an accident. This second injection produced phases similar to those in the first operation, with a little greater swelling, but on August 11th the swelling began to pass away, and everything to assume a normal condition. Now, standing my patient upon his feet, there was no protrusion on either side, and I thought of discharging him in a few days, cured of a most remarkable hernia. I therefore allowed him to sit up, for an hour or two daily, but on the 18th I found that he had extended my hour of allowance to the liberty of sitting up from morning till night. Secondary swelling immediately began to appear, but from the applications of cold water and enforced recumbent position, they had diminished on the next day to about a normal state.

The man was continually anxious to return to his home, in Lawrence, but both I and the matron urged upon him the expediency of remaining at rest a few days longer. I told him that there was danger that the effort of the journey might produce an abscess, or even loss of life. In spite, however, of all our arguments and persuasions, go he would, and go he did, assuming to himself all responsibility and risk in such a reckless act. Accordingly, at noon, on the fourteenth he left our care for his home. In consequence of this exertion there was, as we anticipated, a return of the swelling and the formation of an abscess. He was treated very successfully in his trouble by Dr. G. W. Garland, as the following letter will show:—

LAWRENCE, Sept. 15th, 1879.

Dr. J. W. WARREN—

DEAR SIR:—Mr. P. came to Lawrence Thursday, August 14th. I saw him the following Friday. It was perfectly apparent at that time that he was to have an abscess. It was opened August 20th, under ether and a disinfectant spray. An opening was made large enough to explore the bottom with the finger, which seemed firm. The abscess proper was quite as large as a common saucer, and swelling, tenderness and pain extended up the groin as far as the crest of the ilium; another abscess formed in the scrotum, just above the testicles and over the cord, which was opened August 30th; still another was opened September 10th, just above the original one. The one on the scrotum has healed, the others are doing finely. A large portion of dead tissue came from the floor of the main abscess. The surrounding induration has been treated with tincture of iodine, and both hot and cold lotions, and is quite rapidly subsiding.

I have neglected to mention that after Sunday, the 17th, a severe fever followed a chill for a day or two. There is no protrusion of the hernia,

and the case, for so bad a one, is doing well. Mr. P. is to go to Andover next Wednesday, P.M., a mile and a half from Lawrence. He is gaining strength fast. Very truly yours,

G. W. GARLAND, M.D.

On September 26th Mr. P. called at my office, and I found that the principal abscess had been just above the seat of my operation, and was still slightly discharging, as was also the one in the upper part of the scrotum. There was considerable induration and a large cicatrical indentation of the parts around the lower portion of the ring, extending down to the spermatic cord. There was a slight protrusion of the upper portion of the omentum, but no sign that the intestines had descended through the ring. I ordered cold compresses, with proper supporting bandages, and enjoined absolute quiet, in bed. He now regrets that he did not remain longer in Boston, instead of hurrying home.

On October 8th I again examined him, and found the swelling and congestion still existing, although greatly diminished. I found that instead of a good supporting bandage he had applied a very frail and wholly inadequate affair, and I now applied a delicate, French double truss, and ordered frequent bathing of the parts in cold water and carbolic acid. It will be remembered that he told me at the time of my first operation on him that he had been ruptured eighteen years. He now told me that his mother had informed him that he had been born ruptured, and that his father had taken him when a child to have a truss adjusted. I told him that had I known this before I operated I should on no account have taken the risk of operating on such an enormous congenital hernia. My operation in this case had been performed with the simple extract of *quercus alba* and morphine that Dr. Heaton recommended, but with a needle of the Doctor's that I had improved by making two more orifices near the point.

Although performed with so unsatisfactory a needle and mixture, it establishes three very important points: first, it gives us the pathology of such cases soon after the operation; second, it shows how very important it is, if we would escape dangerous consequences, to insist upon and enforce rest in the recumbent position, together with constant applications of cold water at the least appearance of a secondary swelling and inflammatory process; third, it shows what a wonderful result can be obtained by the operation in cases hitherto deemed incurable, as e.g., congenital and enormously large herniae.

January 29th, 1880. I examined this patient,

and find he is perfectly cured on one side; on the other side there is some omentum protruding, which will require another injection, and with the mixture I am now using I hope to fully close up the rings, as it is more stimulating than the mixture of Heaton that I used in my operation on him. He is very anxious to have me try again, which I promised to do as soon as I think proper.

OPERATIONS Nos. 6, 7.—Having found these cases so fruitful in instruction and encouragement, I undertook my sixth operation with increased confidence. Mr. M., aged 62, had been ruptured when eleven years old. This rupture, oblique inguinal on the left side, continued to enlarge until he was twenty-one or more.

For nine or ten years it gave so little trouble that he did not think it necessary to wear a truss. Ever after that time, however, he wore one, until July 30th, 1879, the day I operated on him. The hernia was an inch and a half in diameter, and protruded about the size of a duck's egg. I injected twenty minims of fluid extract of *quercus alba* with one tenth grain of morphia. He went through the customary phases—slight rise in temperature and pulse, then a gradual subsidence—until, after eight or ten days, he returned to his normal condition. On the 11th of August, only twelve days after the operation, he rode out, free from his rupture, without even the slightest bulging of the tissues so long dilated.

We have now come to the interesting and instructive part of the case. I have said that so far as I could ascertain by careful examination, in the erect and recumbent position, the ring was entirely occluded with firm surrounding parts.

The confidence both of myself and of the patient in the perfect results of the operation was so great that it is true we applied only a supporting bandage, and the man returned to his usual occupation. In this condition he remained for nearly two months, when, relaxing in his attention to the proper support, he suffered a slight protrusion of the ring and at the same time a descending of the sac.

To remedy this protrusion I re-injected him on October 6th, with my mixture of *quercus alba*, alcohol, morphia and sulphuric ether. This injection created a slight local disturbance, but no increase of pulse or temperature, and produced a further contraction of the ring. Although it was not so fully contracted as after the first operation, still it was sufficiently contracted to retain the hernia within the abdominal cavity. Unwilling longer to risk a bandage, I ordered a light and soft French spring truss, to wear six or

eight months, which he continued to wear until December 9th, when he again presented himself to me, and this time with a strangulated hernia on the right side. It was a most curious case.

I reduced this new rupture and fitted the man with a soft double French truss. Having much soreness on this right side, extending down to the spermatic cord, he was ordered to resume the recumbent position in bed.

In spite of various soothing applications the pain continued for several days, extending now to the testes and scrotum, producing intense neuralgia in the former, with irritation and swelling. This state of affairs lasted with more or less acuteness until December 23d, when I applied a bandage with compress, and allowed him to go to his office. I applied the compress bandage instead of the truss, from fear that too severe a pressure of the springs of the truss might produce violent irritation of the still tender parts. During all this time since the operation for hernia I made frequent examinations and found that since the last injection the ring on the left side had continued constantly to contract, so that the man may now consider himself healed on that side, at least.

The lesson here to be learned is, *first*, that had he been more careful, after once firmly closing the ring, to support it properly for a little length of time, so that nature might complete the consolidation, we should never have needed to make a second injection; *secondly*, that the patient must be made to be careful of himself until nature has done her work, and that he must not unwarrantably presume upon his perfect recovery until several months have elapsed; *thirdly*, that for a long period after the injection the fibres of the surrounding parts continue to contract and consolidate, so that cases where we at first may be inclined to think we have not yet obtained a full occlusion may ultimately, if properly attended and cared for, become perfectly healed. Finally we can again see that the long duration of hernia is no bar to a radical cure by injection. For this patient has been ruptured forty-two years.

The first of these operations I performed with the old original needle of Dr. Heaton; the two latter with his needle as I had improved it by adding more orifices for the exit of the fluid. I have detailed them minutely and fully, that you may see what great obstacles lie in our path, and how the slightest inattention or carelessness, either on the part of the operator or the patient, may cause a deal of trouble, not to say danger. It cannot be too solemnly impressed upon the

patient that the success of the after treatment, (and that means the success of the whole operation) depends as much upon him as upon the operator. If, then, we retain all the valuable instruction these unfavorable symptoms inculcate we may with a little cheerful perseverance wonderfully triumph by our success.

I will now give a few of the cases that I have had since the time that I reduced the operation to a more scientific basis, as I believe, by perfecting both the instrument and the injecting fluid (see *New York Medical Record* of October 18th, 1879). It will be seen that with this new instrument and fluid I encounter less danger, cause less constitutional disturbance, less unnecessary irritation and more intense local action where it is needed, and there alone, than could ever be possible by the crude methods formerly used.

OPERATION No. 8.—F. M., aged twenty-eight, had for two or three years suffered intensely, and had consulted several physicians, some treating him for disease of the liver, others for disease of the kidneys and bladder. The true seat of distress was an inguinal hernia upon the right side, which was very annoying and painful, since the hernia was exceedingly sensitive and irritable.

I found the protrusion was slight, with a ring about one inch by half an inch in dimension, and operated on it for radical cure, on September 6th. The patient made a rapid and full recovery, and sixteen days after the operation accompanied me to New York. Among the physicians who there examined him was Dr. R. F. Weir, who was fully convinced that there was a complete occlusion of the hernial ring. The man was ordered to wear a bandage, and was then discharged from my care. I saw this patient on January 24th; he is still free from his rupture.

OPERATION No. 9.—L. B., aged four years, was, after etherization, operated on, November 4th, for a congenital umbilical hernia, about three-quarters of an inch in diameter, and in appearance and size not unlike a red acorn. I injected eight to ten drops of the mixture. Passing through the usual slight feverish excitation, she was discharged from my care after two weeks' time, fully cured.

OPERATION No. 10.—On December 18th I operated upon J. R., aged forty-one, for direct inguinal hernia on the right side. The opening was in size one inch by three-quarters of an inch, and had existed for more than two years. I was assisted by Dr. Joseph Redfearn, Jr., of Ashland, whose patient the gentleman was. I injected about fifteen minimis of the mixture. The only pain was a sharp smarting for about five minutes

after the operation, and on January 1st Dr. Redfearn and myself examined him, and were satisfied that the man had fully recovered, with a perfect occlusion of the ring, and was ready to be discharged. I had a note from him on January 18th, and he is well and free from all trouble from his hernia.

OPERATION No. 11.—Mrs. M., aged fifty-six, had had a femoral hernia on the right side for more than thirty years. The opening through the tissues was flat oval, about one inch and a quarter by three-quarters of an inch, with a protrusion the size of a large goose egg. On December 25th I operated upon her, injecting about ten drops. She had just recovered from typhoid pneumonia, and still had a slight cold, so that it was only at her urgent request that I operated when I did. The smarting pain from the injection was very severe for five or ten minutes. On the second morning after the operation her cold was much worse, attended with pleurisy on the left side and a heavy cough, and her food had caused her to vomit. For three or four days her temperature was 100 and her pulse about 95, but whether from the fever or the injection could not be determined. On January 6th I caused her to assume the erect position, and found the rings occluded and the intestines completely retained in their cavity. So firmly occluded are the rings that, as she is rather fleshy, a little dimple is seen over the seat of the operation.

January 15th. She is cured of rupture.

OPERATION No. 12.—Mrs. L., aged forty-five, of delicate constitution, had a very painful hernia on the right side, which had been strangulated three times, twice with great danger to her life. The hernia had existed for fourteen years, occurring from a strain in child bearing. It was very painful, and protruded about the size of a common cowry. There were two openings through the crural ring, the larger, from which the protrusion took place, near the femoral vessels. This opening was about three-quarters of an inch in length and measured three-eighths of an inch in width.

I operated January 7th, injecting about ten drops of my usual mixture. She was in the evening but slightly feverish, with pulse about normal, 78. The next day the parts about the ring were tender, and covered with a profuse effusion of lymph. She suffered great pain through the back, right hip and limb, owing much, as she thought, to the constrained position of lying on her back, as she had often suffered equally severely for months at a time. A pill of extract of *hyoscyamus*, *lettii* and *morpheia* was given her, to secure rest and ease from the pain.

3d day. Her temperature and pulse are about the same as on yesterday. I afterward found that the cause of her pain was her periodical turns appearing. Upon examination, January 12th, the rings were found perfectly occluded and she cured of her hernia.

March 10th. She is free and cured from her painful hernia, and a happy woman.

In all these operations I find that in order to insure success I must produce certain, though limited, amount of inflammation of the surrounding parts. You will see that I have aimed to produce this. Dr. Heaton considered the inflammation very dangerous, and said that in his operations it seldom occurred. He meant peritoneal inflammation. Dr. Davenport,\* editor of Dr. H.'s work, as directed by Dr. H., worked up a sort of pathology, to the effect that only "tendinous irritation," as they call it, was caused, and no inflammation. I find that Dr. Heaton was mistaken in his pathology, as it is impossible to contract and occlude the rings without an inflammation, to cause an effusion of plasto-lymph. I learned, too, from Dr. Heaton's old matron, a very intelligent woman in such matters, that Dr. H. always got more extensive inflammation, swelling, and often abscesses, when he was successful, than I ever get in my cases. This excessive inflammation was probably due to the crude injecting mixture and instrument which he used. Indeed, I am often led to wonder that he ever succeeded with his operations at all.

I have now gone over all the ground that Dr. Heaton passed over, and have performed upon all the various kinds of hernia which he operated upon, and I feel confident that my results, to say the least, have been as successful as his, in the same given number of cases.

In fact, the question whether Dr. Heaton ever cured any one of rupture, has been asked by those whose opinion is entitled to much weight. I can answer in the affirmative, because I have examined a large number of those upon whom he has operated for herniae of from one to twenty years' standing.

That he failed in many cases is also true. But in all his failures we should find, if we traced the operation, that there was only a slight effusion and only the most limited amount of inflammation, or what in his work is styled tendinous irritation. It is a well-known fact, that if we would produce a blister with cantharides, for

\* No disrespect is here intended to so good a man as Dr. Davenport, but this is nevertheless a fact, as told me by his cousin, Dr. D., of Boston, who said he informed him that Dr. Davenport had to work up a sort of pathology to meet the statements of Dr. H. in his operations.

instance, we must, in order to get an effusion of plasto-lymph, destroy the cuticle and create a given amount of inflammation. The same holds good in this operation. The parts must receive a certain amount of irritation from some stimulating material, to excite the secretion of this lymph. The more plentiful the effusion, the more sure we are of strong adhesions and attachments, which will organize into fibrous bands, not unlike the cicatrice of a severe scald or burn. This draws and binds together the hernial rings and surrounding parts, and when properly performed retains the hernial protrusion in its proper cavity, more firmly than ever before, in many cases.

You will see that I have given you the history of twelve operations on genuine ruptures of various kinds. This does not include all that I have operated upon, but only a few interesting cases. Of these twelve the first two were partial failures, and one later on. Two of these are soon to be re-operated upon, and I have no doubt that, with the mixture of such a stimulating nature as I now use, they will be permanently cured by the second injection. I have some doubts as to the possibility of retaining the large congenital hernia, but as the patient is very anxious for another operation, I presume I shall try it. I have freely expressed all my doubts to him, but unless I operate upon him he will not be contented, nor shall we know whether such cases can be successfully treated. This includes all the favorable cases that I have had in my operations thus far.

You will see, gentlemen, that I have felt it my duty to develop this operation with open hands, concealing nothing, but recording careful observations on all my cases, keeping nothing to myself in a selfish way, but offering everything in my power to the profession, in order to establish a legitimate operation. Others may have undertaken to relieve the ruptured sufferers by methods known only to themselves; I am determined to do what I can to demonstrate to myself, and I trust to you, that this operation, when properly performed, possesses many advantages over every other now known for the cure of this distressing malady. Whatever discouragements, whatever obstacles, whatever successes I have met, all have been freely given to the scientific advancement of surgical knowledge. To say that this operation for the radical cure is simple, and when carefully used by skillful operators presents no greater danger and no more unsuccessful results than other well known surgical operations, is only the barest justice to its past and present success.

I am, therefore, encouraged to hope that other members of the profession will test it in the course of their practice, and present us with reports upon the cases, that we may all, dispassionately and without prejudice, judge of its true value. As I said in the beginning of this paper, I certainly feel much encouraged by the hearty interest in the operation manifested thus far by the profession in various sections of the country.

In reply to the gentleman who has performed Wood's operation successfully with wire, catgut, or pins, while these ligatures or the pressure of a truss may cause suppuration and an absorption or melting away, as he termed it, of the plasto-lymph effused, still I must maintain that the condition of the parts and the materials that I use produce very different effects, in the quantity of lymph effused, as well as in the permanency of the effusion. As this gentleman has never performed the operation for the radical cure by injection of the hernial rings, I cannot take his statements as of any authority in regard to the melting away of the lymph after my operation, whatever may have been the results, good or indifferent, after his operations by other methods.

To the question whether I do not consider it dangerous to operate upon umbilical hernia, the safety of the operation was so well established by other medical gentlemen present that I do not think it necessary to reply.

Another gentleman's experience of twelve operations, with only one success, goes only to substantiate more fully what I discovered after my second operation, that a more stimulating mixture was required and a better instrument than the one recommended by Dr. Heaton. Another disadvantage he might have had is that his patients occurring in hospital practice were anæmic, not properly nourished, and therefore not in so favorable a condition as regards their systems as those in private practice.

Whenever Dr. Heaton's instrument and mixture are used the results will be very uncertain and unsatisfactory; although an abundant inflammation will be set up, the effusion of lymph will be proportionally small. In fact, the great cause of failure is not in all cases, as is commonly supposed, the lack of proper after-support, but that the lymph attachment is severed by muscular contractions, and then the lymph is readily absorbed.

Other important facts I will give to the profession in a future paper. Dr. Heaton, it is true, had great success with his instrument, but few, in this generation at least, will be equally skillful with his methods as he claimed to be. It will be

remembered that he distributed his fluid with great force, equally upon the parts and at right angles to them (see my former article in this journal). Other instruments have been recently devised, which allow the fluid to ooze upon the rings, but such contrivances are exceedingly ineffectual, and will cause so feeble an effusion that it will melt away like the dew before the morning sun.

I am not at all astonished at the questions asked as to my operation, when I talk with gentlemen at our medical meetings and read the numerous letters of inquiry which I receive. For if one has not seen the operation and had it explained to him, he can have only the faintest conception of it, be he ever so good a surgeon or operator in general surgery.

Physicians and surgeons of no little renown have asked me if I pass the needle through the scrotum and follow up on the spermatic cord? Another asks if I go through the columns, and at precisely what point I cut through the rings? Some think there must be great danger in operating on umbilical hernia, since, as they say, we penetrate the peritoneum. In reality, the needle is not passed either into or on to the peritoneum.

Others think the inguinal region must be dangerous, because of the numerous vessels and nerves. The truth is that the umbilical region is the safest region to operate upon, inguinal less safe, and femoral the most dangerous. None should operate upon the latter, unless they are experienced.

Upon infants I have never operated. The youngest patient was four years old. Mechanical appliances, such as a good truss or elastic bandage, I have found productive of good results.

I prefer a bullet, partially flattened and fastened to a linen bandage, because the compression of the abdominal muscles by the elastic bandage prevents their development, and consequently the closure of the rings, and also that these muscles are liable to be thinned by the constant pressure and forever weakened.

In conclusion, I would say that above all the congratulations from gentlemen of note in the profession, the resolutions and the honorary membership of the Medical Society of Otsego County, New York, I esteem the commendation of my friend, Dr. B. Codman, who has, as is well known throughout this country, for many years attended to the mechanical treatment of hernia. He says, "I believe you have at last perfected this operation, and I know that with your instrument and fluid you will be successful in the

treatment of hernia by injection, and will have greater success than has been hitherto met with by any one ; and with the adjustment of a proper temporary truss after the operation, a permanent closure of the rings will crown your efforts, and you will receive your reward from an appreciative profession."

In having the Secretary read the resolutions of the above-mentioned medical society, and in quoting the favorable comments from various members of the profession, I trust they will be taken in a liberal spirit, as I intend them, and not in any way egotistical. I have felt and acted in this matter as every well-meaning gentleman in our profession will act whenever he may have to present to his peers an operation that is of merit and for the good of his fellow beings, without selfishness, and with a laudable pride for its favorable consideration and adoption by the profession.

## HOSPITAL REPORTS.

### GOOD SAMARITAN HOSPITAL.

CLINIC OF JAS. T. WHITTAKER, M.D., OF  
OHIO MEDICAL COLLEGE.

REPORTED BY A. H. KELCH.

#### Progressive Muscular Atrophy.

We have two cases to present to-day, gentlemen, each of more than common interest. The first is this lady, who presents herself for the first time at our clinic, she says, for an opinion about her case. The opinion, the diagnosis, you will any of you be able to make at a glance. She is in apparent good health, but is paralyzed in the hands, that is plain; and she gives of the paralysis this history.

Three years ago she noticed this weakness beginning. It has gradually grown upon her, not suddenly; she felt at first some numbness of the legs, and remarks that she lost flesh here, but not so much as from her arms. She does not remember whether she regained the use of both legs at the same time, but about the time she did regain this power she complained of weakness about the shoulders. When we remove the garments from the arms and shoulders you see for yourselves the wasting palsy that is present. The deltoid muscles are gone; no wonder she cannot raise the arms; and so are the interossei muscles of the hand; so also to nearly the same degree are wasted the muscles that compose the thenar and hypothenar eminences. No wonder the hands are paralyzed. The interossei, the muscles of the palmar eminences, the deltoid, are the muscles affected, while intervening muscular tissue remains. Clearly we have before us a case of progressive muscular atrophy.

The question of interest in connection with her case is whether she was first attacked in the lower or upper extremities. In the vast majority of cases the disease is first noticed in the upper

extremities. First in order of frequency are attacked the interossei, next, the palmar eminences, next the deltoids. But progressive muscular atrophy may attack any muscle of the body first. Finally it attacks them all. It is a disease that by preference attacks the interossei muscles of the fingers, or if it begins in the lower extremities, those of the toes; we notice it next, after the interossei, in the deltoid muscle.

This is now the fourth case that has been presented to us this winter; which fact shows it to be not such an extremely rare disease as at first thought. In three of these cases the disease began in the hand; in this, the fourth, in the shoulder.

The diagnosis is unmistakable, if once you look at the hands. The paralysis that ensues is the result of the wasting away of the muscles; it does not precede the atrophy, as in a case of spinal or cerebral origin, but follows and is the effect of the atrophy. This fact enables us to exclude at once, then, any disease of spinal or cerebral origin, and is a strong argument in favor of the peripheral and not centric genesis of the disease. In this disease the paralysis is gradual; it occurs step by step, the muscles undergoing gradual atrophy, and a singular feature of the atrophy is that it occurs not in one muscle after another, in regular sequence of continuity, but in single detached muscles or in a group simultaneously. First it usually attacks the interossei, then it may skip to the deltoid, then it may invade other muscles of the hand. If it commences in the foot first, it may next appear in the face.

I am inclined to the belief that in this case, on account of the advanced atrophy here, it commenced first in the hands, and there it may have made considerable progress before the patient noticed it. Unless the subject of it be accustomed to perform delicate work, something in which dexterity of the fingers is required, as in fine needle work or piano practice, the disease is apt to have made considerable progress before a physician is consulted; commencing in an individual accustomed to housework, it will probably not be noticed until the ability to lift the arm or clutch a broom is markedly impaired.

In the vast majority of cases the diagnosis can be made at a glance, by looking at the interossei muscles of the hand. The next point we notice is fibrillar twitching of the muscles. In any of the muscles partially invaded by the disease, we notice this—the irregular muscular fibrillation. But in muscles completely atrophied, like some of these, of course there is no twitching or flicker of muscular action, because there is no muscle. But muscular twitching is by no means pathognomonic of this disease; it simply means that atrophic changes are taking place in the muscle, and it is also present in muscles wasting from disease from any cause. It means irritation here, just as spasmoid contraction of a whole muscle or group of them points to a more general irritation. The arms, forearms and sides of the chest are all affected in this case—proof that the disease here is of long duration. You remember the first case we had before us. There was universal atrophy of the muscles of locomotion. The patient could not even speak; he

could only grunt out his replies. Bulbar paralysis had complicated the last end of the disease. There are cases on record where the individual has had the disease so far advanced as to have to lie like a statue in bed, and the only way the victim could express himself at all, was by motions of the eyeballs. When I raise the arm of this patient the hand shows the peculiar and quite characteristic deformity of the bird's claw. It takes the shape of the foot of a chicken, just as it is raised from the ground. This shape is due entirely to the atrophy of the interossei muscles, all of which are innervated, as you know, by the ulnar nerve. It is the interossei muscles, and not the extensor communis, which extend the last two phalanges.

As we have already discussed didactically the etiology and pathology of this disease, we content ourselves here with a remark upon the prognosis and the treatment. What shall we say of the prognosis now, in the case that has just left us? The case is hopeless. The disease has advanced to too great a degree; to the most complete waste that it is possible to suffer; we cannot make new muscles; and the only question now is, can we arrest the disease where it is? We have no hope but in electricity. We may check the further progress of the disease by the use of the constant current. One pole is held at the nape of the neck and the other is swept over the affected muscles. It will take the patience of the horse to even put a stop to the advance of the disease. Often, at last, all efforts are futile. The prowess of atrophy strides on unchecked; the only real hope lies in the early recognition of the disease and treatment at the start. Look out, then, always, for helpless hands.

#### Myelitis.

Here is a case of a different kind altogether, sent here to our clinic, also, for a diagnosis. It is evident, of course, that this man cannot walk, or he would not be brought in on a chair. I question him before you. He has been affected with paralysis of the legs nearly a year. Before he was affected he was a common laborer in a starch factory. The trouble came on him gradually, his right leg being first affected, afterward, in about two months, his left. He has never had any trouble with his arms, and otherwise has only complained of some weakness of the back. The first thing he noticed wrong with the leg was the sensation of numbness in it—a feeling like pins. The upper half of his body is all right. Paraplegia. Now, what is the cause of this paraplegia? In the majority of cases, at this age (twenty-three) we look first for a specific cause. Under forty most paralyses are luetic. This patient presents no history to justify the suspicion of such a cause. We elicit none of the signs of it. Inspection shows no lesions.

He had been subjected to no unusual work previous to his first knowledge of the attack; to no cold nor wet. His bowels move every two or three days. He passes his water slowly. When his legs get cold they ache, and occasionally, he says, they fly out and tremble. That is a good point. They do that, he says, when he is perfectly quiet. Paraplegia, formication, spasmoidic

convulsion, sluggish micturition. Who can tell me the name of this disease?

*Ans.* Myelitis.

Right.

In the vast majority of cases, as just stated—it will bear repetition—myelitis, at this age, is due to a specific disease. A gummatus tumor interrupts the continuity of nerve trunks, or substitutes nerve cells. We do not get any cause for this disease, therefore we will treat it as specific. When in doubt, play trumps.

What else might this be? It might be spinal, badly so-called, essential paralysis. But essential paralysis is a rare disease in adults. Essential paralysis comes on suddenly in the child. Perhaps one leg, perhaps both, are affected. It is very rare for a child to be paraplegic.

It could not be muscular atrophy, because there is no atrophy; because, too, the lower extremities are only affected with atrophy in childhood; because, also, this paralysis is symmetrical. It might be a case of meningitis. If it were, we should have meningeal signs; pre-eminently, hyperesthesia of the surface, with retention of motion. Here, there is paraparesis and anesthesia. So, you see, we are compelled to come back to myelitis.

What can be the cause of it? We have no satisfactory explanation of the cause. We will look very closely, in this case, for some injury. He says he was never hurt; but an individual may receive an injury that he would not recognize as severe. He may suffer concussion of the spine, for instance, from long riding on a railroad; but railroad conductors, who live on trains, do not suffer paraplegia. Shall we now fall back upon our scapegoat, and say it is due to catching cold? Where we have no specific disease, no wound, no caries of bone, no other origin, we take refuge in "catching cold," and talk learnedly about the "*locus minoris resistitiae*." We know more about catching cold than we did a few years ago. We know now, that exposure of an overheated skin ("losing heat") is a truer term than "taking cold") to a lower temperature, drives in the blood from the surface to internal organs, and produces changes in those organs. Shorn rabbits, thus treated, become albuminuric, and there is found in the kidneys, in muscular tissue, and what concerns us now the most, in the nerve tissue, a proliferation of the connective tissue, which, if it continue, is, of course, organic disease. So cases are upon record where individuals have worked with a railroad train in the snow, worked to the point of exhaustion, and have then lain down upon a bank of snow and fallen asleep, and have then waked up paraplegic, from myelitis.

A paraplegia may be an entirely reflex affair. So it happens sometimes in dysentery and severe diarrhoea. I have seen it myself, lasting for a week or two and then disappearing, in tuberculosis. But such paraplegia are more wont to appear after disease of the bladder, the kidneys, or the uterus, or after injuries to nerves and joints. Lewissian found paraplegia to supervene in the lower animals, after crushing of the kidneys, the bladder, the uterus or certain parts of the intestines, a paraplegia which disappeared after relief of the irritation. A severe injury to peripheral

nerves, burning, for instance, with caustic, or freezing with ether, may induce a myelitis, that is, an inflammatory softening of the spinal cord, with paraplegia, incontinence of urine and death. And yet the main trunk of the nerve may not show the least sign of affection. These are pure cases of reflex paralysis.

Myelitis may involve the cervical region so high up as to affect the phrenic nerves, and thus paralyze the diaphragm. But in the vast majority of cases it is seated just where it is in this case, in the lumbar region of the spinal cord. Hence incontinence of urine and feces are so often such prominent symptoms. We do not have this distress to contend with here, nor has the patient a bedsores. Bedsore belong pre-eminently to myelitis, because of the involvement of the trophic nerve centres with all the rest.

The prognosis will depend entirely upon the cause of the disease; nothing gives the physician such satisfaction as to discover a specific origin, because these are the cases which he can absolutely control.

If you have any, even the faintest suspicion that the disease is specific, administer the iodide of potassium in large doses. Failing with that, try a short course of the inunction treatment, and try it always, whether you suspect anything or not, that you may be saved from mortifying defeats at the hands of others.

There is a stage when all sensation is lost, when there is perfect analgesia, absolutely no sensation and no motion in the parts supplied by the nerves coming off below the point involved. You see what a large amount of fat and muscle there is still present in these legs. The disease has not advanced to that stage in this case. It is still in the stage of irritation. Later on in the history of the disease, when the nerve cells have been destroyed, the muscles in due course of time will undergo atrophy.

This is a very different kind of paralysis from the case which has just left us. In this the paralysis comes first; in the other the muscular atrophy; then the paralysis follows the atrophy.

The prognosis in cases like the one that has just gone out is bad, unless we can determine a specific cause of the disease.

In the beginning of the disease we do what we can by applying cold to the seat of the lesion. So long as irritative symptoms exist there is still hope for the patient; but when the total loss of all response, sensitive or motor, has supervened, the case is gloomy in the extreme. Still a hysterical case may be made to "take up her bed and walk," even after the lapse of months and years. So you may work miracles in two classes of cases, the hysterical and the syphilitic; in the one by electricity, in the other with potash and mercury.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Chloral in the Treatment of Puerperal Eclampsia.

In a paper on the above subject, which was read before the Midland Medical Society, by Hugh W. Thomas, M.R.C.S. (England), L.S.A., Birmingham, and an abstract of which was published in the *British Medical Journal*, of December 27th, 1879, the author says that the therapeutic value of chloral hydrate as a hypnotic has long been recognized by numerous authorities, both at home and abroad. Its value as an anæsthetic, more especially in puerperal eclampsia, is none the less evident. My experience of the drug, compared with other remedies in the treatment of this disease, has hitherto been very favorable, as will be shown in the brief notes below:—

**Case 1.**—The patient was an anæmic multipara, aged twenty-eight, in her eighth month of pregnancy. She seemed to have enjoyed excellent health up to seven days preceding her confinement. Then the extremities became edematous and her urine diminished in quantity. When attacked, she was suddenly seized with a convulsion lasting about three minutes, followed by others of increased intensity at short intervals. Her medical attendant gave half-drachm doses of bromide of potassium every two hours, without

the least effect. When I first saw the patient (about seven hours from the commencement of the attack), she was writhing under an intense paroxysm, accompanied with all the other phenomena peculiar to the disorder. In fact, she was hardly free from a convulsion. Owing to the injured and swollen state of the tongue, it was impossible to give anything by the mouth. Thereupon, a dose of forty grains of chloral hydrate was administered *per rectum*, in thin gruel made of milk and the yolk of an egg. In less than five minutes she became perfectly quiet. This was repeated at intervals of half an hour, and thus she was kept under perfect control, until her delivery, two hours later.

On examination the os and cervix uteri were found to be two-thirds dilated and dilatable, the membranes were entire, and a vertex presenting. After gradual dilatation the membranes were ruptured, Simpson's long forceps were applied, and the child (still-born) delivered without difficulty. The placenta gave no trouble, nor was there any *post-partum* hemorrhage. There being no return of the symptoms, the injections were now discontinued, when she fell into a sound sleep. About forty-eight hours after delivery consciousness returned, the faculties being unimpaired, although the interim was a perfect blank. The uterine contractions were not in the least interfered with by the use of the remedy.

Some catheterized urine was examined and found to contain one-third of albumen. On the fourteenth day the patient was out of bed, and in a month went into the country, as well as usual.

CASE 2.—The next case was one in which the eclampsia occurred on the third day following parturition, in a plethoric multiparous patient. Here the attacks came on at intervals of one and two hours. The dose of chloral ordered was half a drachm every three hours. Suffice it to say there was no return of the symptoms after the first dose of medicine. She was up and about on the twelfth day.

In conclusion I would offer a few remarks on the claims which chloral has upon us for its advantages over other remedies in the treatment of the disease under consideration. According to Professor Liebreich, it is a quick anesthetic, non-excitant, leaves no bad after-effects, and interferes but slightly with the cardiac nervous power. Its advantage over chloroform must, therefore, be apparent; for not only is it a quick anesthetic, and is followed by no bad effects, but it is easily administered. By repeated doses at regular intervals my patients were kept perfectly under control. Again, its superiority over chloroform is evident when the practitioner happens to be single-handed, instances of which are of every-day occurrence in country practices, where surgeons are few and far between. The medical attendant would find it no easy task both to give chloroform and deliver his patient under such circumstances. Chloroform is also often followed by sickness, and with the tongue in the condition in which it usually is in eclampsia, would prevent anything that might come up into the throat from being got rid of, thereby favoring asphyxia. Not only can chloral be administered singly *per rectum*, but also in combination with nourishment, such as milk, eggs, etc.; thus saving the disturbance of the patient, as well as keeping up her vitality.

In the first case bromide of potassium was administered, but with no good result; its action, in my opinion, being too slow in this formidable disease. Opium and its alkaloids have been advocated; but where there is renal complication they are injurious, and of necessity contra-indicated. My first patient being anæmic, blood letting would not have been admissible; while in the second case it was not required; though chloral was given in both with the happiest results.

#### The Treatment of Hemoptysis.

Willis E. Ford, M.D., of Utica, N. Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, Oct. 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, Jan., 1880, says—

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be applied at once, and repeated once or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce the respirations to from four-

teen to seventeen per minute, and this should be continued for several hours after all hemorrhage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrhage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells nor be drawn in by forced inspiration.

Of course the after treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and in some cases stimulants.

#### Two Cases of Nerve Stretching.

In the *Berliner Klin. Wochenschrift*, No. 46, 1879, Dr. Schüttler, of Bremen, describes a successful application of nerve stretching to a case of mimic spasm of the left side of the face, in a lady of thirty-nine. All other treatment having proved unavailing, and the severity of twitchings being such that the patient's health was seriously affected by the disturbance of her nightly rest, he exposed the trunk of the facial nerve, with antiseptic precautions, separated it from its sheath, and with a hook forcibly pulled it outward. After one or two attempts the twitchings, which at first were excited by touching the nerve, ceased in all parts supplied by it except the angle of the mouth and neck. By stretching the branch supplying these parts separately the twitchings were entirely checked. It should be stated that the trunk of the nerve was in a congested state. The operation took place on January 23d, 1879; on April 12th the paralysis of the left facial muscles caused by the nerve stretching had disappeared, there were no twitchings, and the patient could feel perfectly everywhere except in the lobe of the left ear. She was well in every respect except that at intervals of ten to fourteen days she felt pain in the left brow and upper part of the left cheek, which was worse at the monthly period. She had experienced similar pain, but much more frequently, before the operation. On June 6th, 1879, she reported that her health "left nothing to be desired." The twitchings, we should add, were first noticed in the summer of 1871.

The second case is published in No. 48 of the same journal, 1879. A man of forty was admitted into the Berlin Lazarus Hospital, under Dr. Carl Langenbuch, August 11th, 1879, with symptoms of marked locomotor ataxy, with very severe "electric pains" in all the limbs, which could not be relieved by any sedative. The left sciatic nerve seemed the seat of the most intense

pain, so Dr. Langenbuch began with that, on September 13th, operating antiseptically. The nerve trunk was found, on exposure, to be injected and somewhat swollen. The stretching entirely removed the pain in that region, and the motor and sensory paralysis which resulted disappeared in a few days. On September 25th the right sciatic and both crural nerves were stretched at a single sitting. The patient was thus not only freed from the pains in his legs, but the symptoms of ataxy also ceased. He was able after a short time to walk without assistance, with perfect control over the movements of his legs, and freedom from all disturbance of their sensibility. The arms, which were never affected to nearly the same extent as the lower extremities, and which had undergone no treatment, were still ataxic and painful at the time when Dr. Langenbuch wrote. The further progress of this case will be of great interest. It seems to be one in which the disease involved the peripheral nerves alone. Both in the case here given and in Dr. Schüssler's patient it may be said that it is only since the introduction of the antiseptic method that the operations described could have been attempted without great risk of dangerous after effects.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

#### OUR EXCHANGES.

It gives us pleasure to again welcome among our valued exchanges *Harper's Monthly*, *Harper's Weekly*, *Harper's Young People*, *Scribner's Monthly*, and *St. Nicholas*. Three numbers, January, February and March, lie before us, beautiful artistically, and rich in articles from some of our best writers. The "Winter Idyl," in Harper for March, is an exquisitely illustrated piece of prose poetry, and Scribner has a new attraction in Schuyler's "Life of Peter the Great."

#### Of our weekly exchanges—

—*Littell's Living Age* is first and best. Always prompt and welcome are "The Independent," "The Evangelist," "The Presbyterian Banner," "The Presbyterian," "The Christian Advocate," "Zion's Herald," "Temperance Advocate," "Sunday-School Times," "Germantown Telegraph," "Cincinnati W. Gazette," "Vermont Journal," and "Trenton Gazette."

—*Godey's Lady's Book*, for April, contains a handsome steel engraving by Darley, and a number of colored fashion plates, designs for ladies' work, stories, poetry, and other pleasant matter. Price per year \$2.00; with the Reporter \$7.50, in advance, for the two.

—In *Lippincott's Magazine*, for April, The tenth chapter of Dr. Oswald's "Summerland Sketches" describes the ruins of Uxmal, that mysterious buried city of the New World, which attests the existence, at some former period, of a race of builders on this Continent rivaling those of Nineveh in the grandeur of their designs, in mechanical skill, and in amplitude of means. "Three Lakes of Central New York" is a pleasantly written and well illustrated article by Frank H. Taylor. Several articles on popular hygiene are also in this number.

—*The North American Review*, for April, has for its leading article a paper entitled "McClellan's Last Service to the Republic," which covers the whole period of McClellan's military career, from the flank movement to the James to the battle of Antietam. It is intended to vindicate the General against the charge that he was over cautious and unnecessarily slow in his movements, and contains many statements of an interesting character. Sir Francis Hincks contributes a paper on the "Relations of Canada with the United States," and there are other writers of eminence.

—*The Atlantic Monthly*, for April, sets before its readers the usual service of good things which we always expect to find in its pages.

### BOOK NOTICES.

**A Manual of Pathological Histology.** By V. Cornil, Assistant Professor in the Faculty of Medicine, of Paris, and L. Ranvier, Professor in the College of France. Translated, with notes and additions, by E. O. Shakespeare, A.M., M.D., and J. Henry C. Simes, M.D. With three hundred and sixty illustrations on wood. Philadelphia, Henry C. Lea, 1880. Leather, 8vo, pp. 784.

A knowledge of normal histology being indispensable for a comprehension of pathological histology, the first chapter of this work comprises a general examination of the constitution of cells and of normal tissues, and the normal histology of each organ is rapidly reviewed before commencing the study of its pathology. The material which has been utilized for the composition of this manual was derived from autopsies and operations in the hospitals of Paris. The authors disclaim any allegiance to any school, belonging neither to the German nor French, and are opposed to such divisions. In the translation the metrical system of weights and measures has been retained, but a few alterations and additions have been made, both in the text and illustrations,

permission having been granted by the Surgeon General of the Army, and Dr. J. J. Woodward, U.S.A., to use some of the important illustrations in the second part of the medical volume of the *Medical and Surgical History of the War*.

The work is divided into three parts, one treating of general pathological anatomy, a second of diseases of organs and arteries, and a third on the respiratory and digestive apparatus, the viscera, glands and skin. The illustrations are numerous and well printed. Some are original, others are drawn from previous works. As a whole, the treatise deserves high praise.

**Headaches, their Nature, Causes and Treatment.**

By William Henry Day, M.D., etc. Third edition, with illustrations. Philadelphia, Lindsay & Blakiston, 1880. 8vo, pp. 322. Price \$2.00.

Dr. Day's little treatise has met with a reception from the profession which has been quite favorable. It deserves such good fortune, for it is an excellent and convenient monograph. His classification is symptomatic and readily applied in the exigencies of practice, while his therapeutics is full and minute.

It is just to limit this praise with a critical observation. The author tells us he has made some additions to previous editions in this third one. He has not, however, revised the subject with proper fullness. Several recent and important papers on headache receive no mention whatever. The highly valuable reports on cannabis indica in sick headache, by Greene and Seguin, have been overlooked; and other instances could be readily adduced. Dr. Day has not revised the text as he should have done, therefore his work is not really up to our knowledge of the subject.

**Pharmacology and Therapeutics; or Medicine, Past and Present.** By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician and Lecturer on *Materia Medica and Therapeutics* at St. Bartholomew's Hospital. London, MacMillan & Co., 1880. Cloth, 12mo, pp. 212. Price \$1.50.

This work comprises the Goulstonian lectures delivered before the Royal College of Physicians in 1877. These lectures were written with the object of showing how the progress of therapeutics is aided by an exact knowledge of the action of drugs obtained by experiment. They may, therefore, be considered as an introduction to

the study of rational therapeutics. The author gives a short historical résumé of the various methods by which the study of medicine has been pursued in the past, comparing these with the more rational and scientific methods of the present time, and he points out that it is the practice of acting as if the creations of the physician's imaginations were realities, without ascertaining whether they were so or not, that has proved so fatal to the progress of medicine; and that it is only through diligent comparison of ideas with facts by observation and experiment that we can hope for its advance. The importance of possessing a thorough knowledge, not only of the results obtained by experiments on the physiological action of drugs, but of the methods by which they were obtained, together with the interesting manner in which the subject is here presented, will render this work very instructive to the student of medicine.

**Skin Diseases, Including Their Definition, Symptoms, Diagnosis, Prognosis, Morbid Anatomy, and Treatment. A Manual for Students and Practitioners.** By Malcomb Morris, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, and formerly Clinical Assistant, Hospital for Diseases of the Skin, Stamford street, Blackfriars. With illustrations. Philadelphia. Henry C. Lea. 1880. Cloth, 12mo, pp. 320.

The first chapter of this work contains a brief outline of the anatomy and physiology of the skin, with seven illustrations. A few pages are then devoted to morbid anatomy and to the classification of diseases. Anatomically he considers the subject under two general divisions—diseases of the skin proper, and diseases of the appendages of the skin. These he arranges pathologically into classes and sub-classes; thus, under the first general division we have: 1. Exudations; *a*. Induced by infection or contagion; *b*. of internal or local origin. 2. Vascular. 3. Neuroses. 4. Hypertrophic. 5. Atrophic. 6. Neoplasms; *a*, benign; *b*, malignant. Under the second-division he treats of affections of the sebaceous glands, sweat glands, hair, and nails, and finally of parasitic affections, and eruptions produced by drugs. The author has handled his subject in a clear and concise manner, and as a text book to students his manual will be found useful. The illustrations are confined to the anatomy of healthy skin, and do not deserve any particular praise.

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D. G. BRINTON, M.D., EDITOR.

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 115 South Seventh Street,  
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**OUR FUTURE SUPPLY OF QUININE.**

The efforts which the quinine manufacturers are making to have the duty replaced on the alkaloid are, as we recently pointed out, inconsistent with their own arguments, and also with the interests of the public. To be sure, the Act as it at present stands is, if anything, a greater evil than the duty was; it is undoubtedly more hurtful to the country, inasmuch as it is aimed to place American manufacturers at a really great disadvantage compared with foreign ones.

This is what the American chemists complain of; but they ought to ask, not for the restoration of the duty on quinine, but to be allowed a drawback on the revenue charges on the articles used in its manufacture. That they do not do this justly lays them open to the suspicion of insincerity in their arguments.

It is gratifying to see that some of the drug-trade Journals take exactly the view which we advocated in the discussion of the subject since it was first started; exactly the view which would unquestionably have been adopted by all

unpartisan men, had this question been fairly discussed before Congress took any action on the subject. Thus, the *Chicago Pharmacist and Chemist* for March says—

“ Unless our Government is determined to destroy this branch of manufacture in this country, it must make it at least possible for it to exist. To do this the duty need not be restored on quinine, but should be removed from bark, alcohol, fusel oil, and every other element or factor involved in its manufacture. With this relief, without doubt, our manufacturers will be able to cope with the world successfully. The difference in wages and interest of capital will be more than counterbalanced by the superior energy and ingenuity of American workmen, and by the use of labor-saving machinery and methods.

“ The removal of the tax on alcohol to be used for medicinal and manufacturing purposes is a measure which should not longer be delayed. We know how great is the revenue therefrom, but just so great is the tax on meritorious industry, a part of which falls directly upon the sick.”

There would be no practical difficulty in arranging the matter so that alcohol, etc., used for beverage and in many of the other arts should be taxed, while it should remain free in the manufacture of such an important article as quinine. No argument against this has been urged by the manufacturers; but inasmuch as they have not advocated this simple and obvious solution of the difficulty, they appear to be not wholly satisfied with its contemplation.

Meanwhile it will be gratifying to all to learn, as we do from the *Scientific American*, that Mr. WILLIS WEAVER, of Bogota, South America, has written a long letter to the Department of Agriculture, advocating the introduction of the cinchona tree in California.

After reviewing the conditions under which the cinchona tree thrives naturally in South America, and under cultivation, in India, Mr. Weaver says:—

“ The cinchona seems to seek a dry soil, but a climate affording plenty of rain in certain parts of the year. The coasts of Northern California and Oregon would fulfill the conditions as to moisture; the slopes of the mountains would probably furnish hilly ground very similar to that occupied by the tree in its native habitat; while I believe that the temperature would admit of its cultivation even north of the mouth of the Columbia. It is also uncertain as to how far any undue dryness of the atmosphere may be overcome by irrigation. The surprising results already attained in the cultivation of the trees

prepare us to expect further advances, and this may be one of them, as naturally as anything else.

"It is well-known that the barks produced under cultivation are much superior to the natural bark, as the process of mossing the trees causes a remarkable development of the alkaloids in which their virtue consists; also, that the cultivated trees are not destroyed. A strip is taken off, reaching the length of the trunk and one third its circumference. The wound is then dressed with straw matting, and kept wet until the bark forms anew. The next year another strip is taken, and so on, indefinitely. I am told that the harvest begins when the tree is five years old, but am not in a position to verify the statement.

"I have calculated roughly, according to the prices of land and labor here, that a plantation of a hundred acres might be put in at less than \$1000 an acre, covering all outlay, or say \$1500, to cover interest and all contingencies."

A yield of \$8000 an acre has been reported from Indian plantations. Mr. Weaver is convinced that, with a wise choice of sites and judicious treatment, together with a careful selection of the proper varieties, the cinchona tree could be cultivated in many parts of the Pacific coast, and probably in New Mexico; that if irrigation can be made to supply the place of a naturally moist climate, the cultivation can be carried into a large part of the Colorado Valley and Texas, as well as into Northern Georgia and Alabama, and thence north along the southern slope of the Blue Ridge. He would not be surprised if the hardier varieties were found to grow even in Virginia and Colorado and in Arkansas, in favored situations on the southern slope of the Ozark mountaips.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### SALICYLIC ACID MIXTURE.

Dr. J. W. C. O'Neil, of this State, sends us the following formula for salicylic acid, which has given much satisfaction:—

R.	Salicylic acid,	3 <i>j.</i>			
	Borate soda,	2 <i>ij.</i>			
	Glycerine,	1 <i>ss.</i>			
	Aqua camphor,	3 <i>ss.</i>			
	Magend. sol. morph.,	3 <i>ss.</i>	M.		

Tablespoonful doses in inflammatory rheumatism, 6-12-6, until pain is controlled. Apply locally in liniment of chloroform and compact. tinct. soap.

#### ANTIDOTE FOR CARBOLIC ACID.

Dr. Sanftleben claims to have found an antidote in sulphuric acid, which, according to his statement, enters into a not poisonous combination with carbolic acid; he prescribes the following:—

R.	Dilute sulphuric acid,	10 grams			
	Muc. of gum arabic,	200 "			
	Simple syrup,	80 "	M.		

Give a tablespoonful every hour.

#### COD-LIVER OIL AND CHLORAL.

A German exchange states that the following mixture is much used by the Lisbon physicians:—

R.	Olei morrhuae,	19   0			
	Chlorali hydrati,	1   0	M.		

The oil is said to be more agreeable to take, is soporific in character, and under its use the night sweats diminish and the strength increases.

#### PARADISM IN INTERMITTENTS.

In the St. Petersburg *Med. Woch.*, No. 40, Dr. L. Schröder gives 42 cases of recent chronic intermittent, intractable to ordinary remedies, cured by faradization. One electrode was placed on the left hypochondrium, the other slowly moved along the upper splenic border. The sittings were of five minutes, with reversion of the electrodes. Only two cases had relapses.

#### Reappearance of Menstruation after the Change of Life.

A curious case of this is reported to the *Lancet*, February 14th, by Dr. Sutherland:—

Eliza G., aged fifty-nine, began to menstruate when twelve years old. This then produced such a debilitating effect that at each period she was unable to walk. She married at twenty-seven, had seven children born alive and one miscarriage. She was regular up to the age of fifty-one; then the catamenia ceased until she was fifty-eight, when they began again. She was unable to account for this in any way.

Such instances are very rare, but some few have been reported.

#### Promide of Potassium as a Local Anesthetic.

In the St. Petersburg *Med. Wochenschrift*, Dr. Kijanizyn mentions the efficacy of a gargle of bromide of potash in strong solution, to obtund the sensory nerves of the pharynx and larynx, and passes to its allied application in the urino-genital organs. In painful acute and chronic urethritis, it often greatly reduces the hyperesthesia; in pathological nocturnal emissions it is very available; and in painful strictures it may be used with advantage.

**Acupuncture in Aneurism.**

A case of aneurism of the subclavian artery treated by the insertion of needles was recently reported by M. C. Heath, of London.

On two occasions a grain of ergotin was injected into the subcutaneous tissue, without benefit. On Jan. 1, 1879, Mr. Heath introduced into the sac three pairs of fine sewing needles, making each pair cross within the sac. Considerable clotting of blood took place around the needles, which were withdrawn on the fifth day. The aneurism gradually became solid, but bronchitis supervened, and the patient sank on January 18th. The post-mortem examination showed the aneurism to be cured, the sac being nearly full of dense fibrine and communicating with the subclavian artery by a very small aperture close to the broken first rib.

**Poisonous Wall Papers.**

In a late paper on this subject, before the London Society of Arts, Mr. H. Carr states that some paper manufacturers assert that there is no economy or advantage in using arsenical colors. The color in which arsenic is principally introduced is emerald-green; but it is also used without absolute necessity in a great variety of colors—red, brown, some blues, pink, low-toned greens, French grays, black, and notably in magenta. There is no doubt that in any factory where arsenical colors are freely used for certain purposes, all the papers made will be more or less contaminated, thus accounting for the slight trace frequently found. It might be safely asserted that paper makers would suffer little injury in trade from an act entirely prohibiting the use of arsenic, except as regarded the stocks in hand.

**A Parisian Cold.**

A correspondent of a contemporary writes from Paris this winter: There is an affection which has prevailed to a great extent in Paris, and to me hitherto undescribed and undescribable. The French call it "la grippe," and the English influenza, but it is neither the one nor the other. It seems to me to be something between an ordinary "cold," which the French call "rhume," and influenza; for the symptoms do not present the gravity of the latter, and yet they are more severe than those of common catarrh. There is no fever present, but the malady is characterized by great prostration of strength, accompanied with a severe and troublesome cough, with a frothy expectoration, more or less viscid, but never purulent or even muco-purulent. It is occasionally fatal.

**Aspidium Marginalis in Tapeworm.**

The oleo-resin of this species of male fern was used successfully by Dr. Cressler, in 1878, as a taenicide. Professor Maisch, at a recent meeting of the Pharmaceutical Society of this city, stated that he also had found it valuable. The oleo-resin, diluted with an equal bulk of alcohol, had been agitated with about fifteen or twenty times its weight of sugar, and afterward with sufficient water to form a syrup. Given in this manner, in divided doses, like oleo-resin of male fern, it was well borne by the stomach. The same method had subsequently been tried by Mr. Kennedy with equal success, as reported by him to the Pennsylvania Pharmaceutical Association, at its last meeting. The only points to be observed were that the rhizome should be sound and free from any brown or decayed portions.

**Liquor Pancreaticus.**

In an article by William Roberts, M.D., on the therapeutics of starch digestion, which was published in the *Practitioner*, December, 1879, the author says:—

"I cannot take leave of this subject without advertizing to the extraordinary power of extract of pancreas (liquor pancreaticus) as a diastatic agent. In this respect it far transcends any malt extract. A sample, made by infusing one part of fresh pancreas with seven parts of water, was found, on trial, to possess fully twenty times the diastatic power of the above described standard malt infusion. Pancreatic extract must, therefore, be considered as taking the first rank among the available artificial aids to the digestion of starch."

**Symmetrical Irritation and Anæsthesia.**

It is well known that counter-irritation set up in the neighborhood of a painful part assuages the suffering or causes its entire cessation. It is a much more curious fact, however, which has lately been noticed by Dr. Dumontpallier, of Paris, that also when irritation is set up at symmetrical places upon the side of the body which is opposite to the seat of pain, such irritation often suffices completely and permanently to allay the pain. In a similar manner, if the symmetrical joint or muscle is anæsthetized by local measures, there is a sensible diminution of pain in the corresponding part on the opposite side. We have not had an opportunity to verify these interesting experiments, but they certainly merit attention.

## CORRESPONDENCE.

## A Surgical Operation on a Horse while Under the Influence of an Anæsthetic.

ED. MED. AND SURG. REPORTER:—

Seeing that you take an interest in all matters pertaining to the veterinary art, I will give you a brief history of an operation on a horse while the animal was under the influence of an anæsthetic; and I hope you will think it of sufficient interest to justify you in giving it space in the MEDICAL AND SURGICAL REPORTER, as I think it is the first time a horse was put under the influence of an anæsthetic in this city or State, while undergoing an operation.

On January 1st I was called to see a horse belonging to a lady residing on Pine street, in this city, and on examining the animal, I found a discharge from the off nostril, with enlargement of the maxillary gland on the same side; on further examination I found we also had a fracture of the superior maxillary, with one if not two molar teeth loose and displaced. I then (as I had some years ago two cases of glanders in the same stable, and this horse was there then) put the animal under tonic treatment, until such time as the character of the discharge and other symptoms would satisfy me that it was not also affected with glanders, as the discharge resembled very much the discharge we find in cases of that disease; in fact, it was so much so that I declined to operate until there was a change in the case, that is, in the character of the discharge and other symptoms. As I had promised the lady to operate as soon as I felt safe, I watched the case very closely, and on the 5th I noticed for the first time a slight change in the color of the discharge, and on the 6th there was a complete change, so much so that I made arrangements to operate on the 8th, and invited a few friends to be present.

*Operation.*—Called on the afternoon of the 8th, and after making a good bed of straw in the carriage house, had the horse taken out on it, and then put the hobbles on and cast and secured him in the usual manner. I then commenced by pouring four ounces of sulphuric ether on a sponge that I had secured by a few stitches to the sides of a scoop made for the occasion by having a piece of heavy wire about four feet long bent round in the form of a ring at one end, and the other straight, leaving the ring about twelve inches in diameter; I then took a wide piece of oilcloth and put it over the upper face of the ring and pressed it down in the middle, as you would a filtering cloth in a funnel, until I got it deep enough to hold the sponge; it then looked very much like a small scoop net used by fishermen. I held the scoop over the nose in such a way that the animal would inhale the ether, and as the scoop was made, as I remarked above, of oilcloth, there was very little if any escaped, except what passed out of the main opening around and about the nose. And yet the four ounces was exhausted without having any effect on the horse. I then poured one ounce of ether and one ounce of chloroform on the sponge, and about the time this was exhausted I could see

a slight change in the eye, but the animal was very sensitive, and when pricked with a pin would struggle. I then put one ounce of ether and two ounces of chloroform on the sponge, and after holding the scoop over the nose for a few seconds the eye changed so that you would almost imagine the animal was dead. The pulse remained full and a little slower than usual; the animal was then fully under the influence of the anæsthetic, and I commenced to operate, in sixteen minutes from the time I first put the scoop over the nose.

I found, on making a free incision through the muscles and exposing the superior maxillary, that it was fractured, and the third and fourth molar teeth loose, in fact, the portion of bone surrounding those teeth on the outside was broken in small pieces, therefore I had to extract the teeth and take away all the loose pieces of bone. This took one hour from the time I made the incision until it was closed and I was ready to take off the hobbles. It might be well to mention the fact that I only had to put the scoop to the nose twice while operating, and then only for a few seconds. After taking off the hobbles and letting a little water run off a sponge into the horse's mouth, he got up and staggered about for a few minutes, then drank a little water and walked to his stall as if nothing was the matter.

JAMES MCCOART, V.S.

317 North Twenty-second St., Phila.

## Spontaneous Cure of a Case of Congenital Talipes Varus.

ED. MED. AND SURG. REPORTER:—

On November 15th, 1879, at about 9 A.M., I was called to see Mrs. T., whom I found in labor. In about two hours she was delivered of a finely developed female child, perfect in every respect, except a decided talipes varus of the left foot. The tendon of the tibialis anticus was very prominent.

Having a very urgent call to attend another case of labor, I concluded to let the deformity take care of itself until my return next day, and in the meantime make up my mind how best to overcome it.

Unfortunately (?) I was unable to return till the second day, when, to my surprise, I found the deformity partially corrected. I at once resolved to give nature a further trial, and see what she could accomplish, and most nobly did she perform her work, for, at the time of writing, (three months since the birth of the child) the talipes varus has entirely disappeared, nature alone having performed the cure.

I am prompted to lay the case before the profession, from the fact that the few authors which I have consulted, viz, Drury, Clarke, and Ashurst, say nothing of spontaneous cures in such cases, but all recommend either some special corrective apparatus or tenotomy.

Ashurst (page 628) says, "That in some very slight cases of congenital talipes varus the deformity can be remedied by simple manipulation and friction, repeated several times a day, but in cases of ordinary severity tenotomy must be resorted to," etc.

I have not had the opportunity to examine other authors, but from what the authors just quoted say, I am convinced that in such cases surgical interference is considered indispensable, be such interference either mild or heroic.

If any authors advise us to wait for natural results in such cases, or if any cases are on record (which I doubt not) to which I have no access, I would be very glad to hear from them, either through the editor or the readers of the *REPORTER*. If not, I think this case should cause us to expect more from natural results in all cases of congenital deformities, especially in healthy subjects, than a number of authors give us reason to hope for in their treatises on the subject. Had I followed the teaching of authors at hand I should certainly have interfered (surgically), with anxiety and worry to the parents, as well as suffering to the infant, with no better, perhaps not as good, a result.

GEO. P. YOST, M.D.  
Loganville, York Co., Pa., March 6, 1880.

#### Complete Expulsion of the Amnion.

ED. MED. AND SURG. REPORTER:—

As the following novel case recently occurred with me in my practice—the first of the kind I have any recollection or knowledge of—I have concluded to report it to your journal. It is a case of birth, in which the child, completely enveloped in the amniotic sack, and a perfect placenta, were all thrown off at once by the same labor pain.

I was called, about 9 o'clock A.M., March 5th, 1880, to Mrs. —, aged about 24 years, in her fourth pregnancy, having attended her in her preceding labor, June 19th, 1877. I found her in bed, excited and with some fever, though without pain, and learned from her that shortly before, while moving about the house and yard, she had felt and observed quite an escape of water, evidently the amniotic fluid, although she had experienced no premonitory pains, and none at the time, nor immediately preceding my visit. I felt satisfied, from previous information regarding her condition, and from that furnished me at this visit, that her labor, if set in, was premature, her last catamenial period having shown itself the latter part of July, which, if correct, would bring her confinement to the latter part of April. I at once instituted the necessary digital examination and found great vaginal tenderness and soreness, with no dilatation of the os, and the cervix uteri not obliterated, but, on the contrary, elongated to about one-fourth of an inch. There had existed in her case, for several weeks previous, a decided leucorrhæal discharge, ichorous in its character, which would account for the great tenderness and soreness of the vagina. My directions were to remain quiet in bed, to have the hips elevated, and for the mother to employ at once a mustard cataplasm over the sacral region, and to use in addition, should pains supervene, an enema of cold water and laudanum, about forty or fifty drops, per rectum, endeavoring by these means to prevent a miscarriage. With these instructions I left, to attend other calls, with the request, if labor set in,

to advise me at once. About 12 o'clock M. I was summoned to her case again, and learned on arriving that she had had frequent severe pains, which still continued. I again instituted another digital examination, and this time found dilatation of the os to the extent of a fifty cent piece. This state of the case determined me to remain, expecting an early delivery, though up to 6 o'clock P.M., notwithstanding regular, severe pains occurred at intervals respectively of five, ten or fifteen minutes, but little change in the dilatation or position of the fetus had been effected, though the water had escaped freely.

Having other cases to visit, I again left, to be gone an hour or two, as I thought I could venture to do so safely; at about 7 $\frac{1}{2}$  or 8 o'clock I returned and found pains less frequent and severe, and the strength of the patient much exhausted from lying upon her back. I again placed her upon her left side, my favorite position for attention to such cases, as I am thus enabled to give more satisfactory and efficient support to the mother. I made another digital examination, and this time somewhat altered the position of the head, which was the presenting part, occupying the first of Baudeloque. Pains were active and labor evidently resumed again, and about 9 $\frac{1}{2}$  o'clock P.M., much to my surprise, the child, a female, weighing about 7 lbs., completely enveloped in the amniotic sack, together with a perfectly whole and detached placenta, came at once, necessitating my tearing open the sack and removing the child from it. Now, how to account for this entirety of the sack, when so large an amount of the waters had escaped, leaving none within the sack, is the question. There had been either a small hole, unperceived by me, through which the fluid was forced, or else a double sack, one of which preserved its integrity. The mother and child have been and are still doing well, up to this writing, and the latter will no doubt be a seer, as has been often predicted by the more superstitious, coming into the world as it did, under such circumstances.

A. R. ERSKINE, M.D.  
Huntsville, Ala., March 12th, 1880.

#### Sandalwood Oil in Cystitis.

ED. MED. AND SURG. REPORTER:—

In looking over the résumé of "Medical Agents in Cystitis," in Naphey's *Medical and Surgical Therapeutics*, and also in Atkinson's *Gynecological Therapeutics*, I have been surprised to observe the absence of mention of sandalwood oil. This leads me to believe that it is not generally used by the profession. I have used it for so many years, and with so much benefit to my patients, that if called upon to choose one drug from the entire *materis medica*, to the exclusion of all others, my choice would unhesitatingly be oil of sandalwood. I give it in capsules (preferably, on account of the usual greater purity of the oil and the facility of swallowing the soft capsule) in doses of one to three every six hours—according to the severity of the case—or in emulsion. In the latter case other remedies can be combined. Of course I do not use it to the exclusion of other treatment, but in all

cases I find it of the greatest benefit at some stage of the treatment, and I wish to make its use known to the profession, through your valuable journal.

I was led to use it first about ten years ago, in a very obstinate case, which resisted all treatment, by finding my patient relieved and cured by a proprietary remedy, put up in the form of a paste by a French chemist, the name of which has now escaped me. On examining the preparation I found that oil. santali was the foundation of the remedy. Since that time I have but once been obliged to irrigate the bladder and inject with arg. nitrasia, or other remedies, although before using this remedy I was constantly called upon to do so.

The great humidity of the atmosphere in this region, combined with the frequent and rapid variations of temperature, make cystitis a very common complaint.

A fair trial will, I think, lead medical men to consider sandalwood oil a very valuable addition to their list of remedies in this disease.

W.M. VARIAN, M.D.

*Titusville, Pa., March 11, 1880.*

#### Vaccination and Inoculation.

ED. MED. AND SURG. REPORTER:—

In the article (March 6th), "Doe. Vaccination Protect," it is given as one of the reasons why smallpox is more or less prevalent, that "Bovine Virus" is obtained by inoculating a cow with smallpox virus and using the lymph from the pustules for the purpose of vaccination, and that this dangerous error is not yet wholly extinct among the profession, and that all are not fully aware that the cowpox, which furnishes genuine virus, is wholly distinct from smallpox, and that one cannot produce the other, etc. Now, on the other hand, Flint, in his *Practice of Medicine*, page 905, third edition, speaking of the essential relation of vaccinia to variola, says: "Facts have shown conclusively that vaccinia in the cow may be produced by inoculation with smallpox virus taken from man. And that the disease produced in the cow, transferred to man, gives rise to vaccinia in the latter." And that the opinion held by Jenner, "That vaccinia and variola are essentially identical," is proven to be true. We want more light on this important subject. When doctors disagree who shall decide?

*Bakerstown, Pa. ANDREW HARPER, M.D.*

[We shall be glad to hear, on this subject, from some of the several medical men who are devoting special attention to bovine virus propagation. It is one of the utmost importance.—ED. REPORTER.]

#### Radical Cure of Hydrocele.

ED. MED. AND SURG. REPORTER:—

In spite of the oft-tried treatment of hydrocele by the injection of the strong tincture of iodine, and its almost certain success, we see it recommended to inject the diluted tincture, in the proportion of one part of iodine to two or three of

water. Quite recently, at the clinic of the Jefferson Medical College, I saw a case of hydrocele operated on, in which the solution used for injection was largely diluted, being not stronger than one part of tincture of iodine to ten or twelve of water, the object being, as the operator said, to thoroughly distend the sac. Whether or not a cure was effected in this case I cannot say, but I know that this plan has failed in several instances in my hands, and such is the experience of many others. In two cases which came under my notice a short time back, I injected the diluted tincture, with a return of the disease; I then injected the strong tincture (two drachms), allowing it to remain in the sac, with perfect success. A third case, in which the sac contained three pints of fluid, was cured by the injection of four drachms of the strong tincture, allowing it to remain in the sac. In no case was there excessive inflammation. I cannot see why some surgeons will discard this well established truth, and recommend a plan that has repeatedly failed.

OSCAR LEEDOM, M.D.

*Plymouth Meeting, Pa.*

### NEWS AND MISCELLANY.

#### Regular Physicians Dealing in Quack Medicines.

During the past several years letters have been received by the Dean of the Jefferson Medical College, and others connected with the institution, from people in different parts of the country, inquiring about the record of certain physicians in their neighborhood who were engaged in the manufacture and sale of proprietary or patent medicines, and who, in order to give weight to their representations of the merits of their goods, advertised extensively that they were graduates of the college and members of its alumni association.

In many cases it transpired that these self-dubbed M.D.'s were nothing more than "quacks," and never entered the college, while in other instances it appeared that the manufacturer of such goods was a graduate, and likewise, perhaps, a member of the alumni, and as such had violated the well known rules that are supposed to govern the professional actions of its members.

The college being perfectly powerless to act in the matter, the subject was finally brought up at the annual meeting of the Alumni, last Saturday, when the following resolutions were offered:—

"Whereas, Some graduates of the Jefferson Medical College have disgraced not only themselves, but, indirectly, the college, by openly violating the plainest principles of the ethics of the profession, notably by the manufacture and sale of secret preparations, and the practice of exclusive systems; and,

"Whereas, The college has no power to withdraw a degree once granted; therefore, be it

*Resolved*, That the president of the Alumni Association of the Jefferson Medical College be and is hereby authorized to appoint a committee of three members, of not less than five years' standing, to act in conjunction with the officers of this society. The duty of the committee shall

be to report to this association at its annual meeting such cases of irregular practice as may exist among its members.

*Resolved.* That to avoid personal controversies, no case shall be considered where the accused is a member in good standing of a county or district medical association which includes among its officers a board of censors. Moreover, that no case shall be reported by said committee without due notice of the action proposed to be taken, and without an opportunity for the accused to be heard in his own defense.

*Resolved.* That the Recording Secretary be requested to keep a book in which each graduate receiving a certificate of membership shall sign an agreement to return the same in the event of his expulsion by a vote of two-thirds of the members present at any annual meeting, under the condition set forth in the foregoing.

#### A Case of Morbid Sensitiveness.

A case of very uncalled-for sensitiveness has been developed in this city. The patients are some female medical students, matriculants of irregular institutions around town, who chose to attend the lectures on venereal diseases delivered by Dr. J. W. White, at the Philadelphia Hospital, and were so much shocked at the questions asked that, in their modesty, they appealed to the President of the Board of Guardians of the Poor to put a stop to that sort of thing. The President so far forgot the dignity and duty of his position as first to write a rude letter to Dr. White, leaving for a later day an examination as to whether the charge was true. Such men as Profs. William Pepper and H. C. Wood testified that all the questions complained of were such as are both usual, proper and necessary in examining venereal cases. The evidence fully exonerated Dr. White in all points.

This is the kind of women—eager to find dirtiness where it don't exist, and always ready to use the weakness of the other sex to blacken character—that will disgust right-thinking minds with countenancing their sex studying medicine at all.

#### The Apollo Belvidere.

M. Broca, *apropos* of a previous communication, informed the Society of Anthropology of Paris, at its last meeting, that for a long time he had been in search of a skeleton which corresponded in proportions and outline to that of the statue of the Apollo Belvidere. He had discovered that a negro skeleton alone presents similar proportions. The Apollo Belvidere has, in fact, thoroughly negro limbs.

#### Items.

—Experiments are being made in Paris with the polyscope, a new apparatus for illuminating the interior of animal organisms, rendering bodies transparent, so as to render an examination of every portion of a body feasible.

—The city of Taschent, in Russia, has appropriated, through its Municipal Council, 8200

roubles for the purpose of aiding a female medical student to make her studies for the degree of M.D.

—Mrs. Benchley, of New York, stipulated in her will that an autopsy and dissection of her body should be made in the Woman's Medical College, and that her skeleton should be hung in the museum of that institution. The body was taken to the college and disposed of as desired. Deceased was the daughter of an Episcopal clergyman.

—The wife of a Norman peasant is ill. A physician is called in. "Will you pay me?" asks the mistrustful doctor. "Oh! Monsieur," says the husband, holding up five louis, "kill her or cure her, these are yours." The patient dies and the doctor demands the five louis. "Pardon!" says the widower. "Did you kill my wife?" "No." "Did you cure her?" "No, alas." "Very well, since you neither killed her nor cured her, you did not stand by our agreement, and I owe you nothing."

#### QUERIES AND REPLIES.

—Dr. C. A. R., of Pa.—Bromide of calcium is said to exert a sedative effect in hysteria and insomnia, when other bromides fail. The dose is 20 to 30 grs. for an adult. We believe it was first introduced by Dr. Hammond.

—Dr. C. E. O., of Miss., asks: What is the action of quinia and calomel on the amœboid movement of the white corpuscles of the blood?

*Ans.*—The statement that quinia increases and calomel decreases the motive power or capacity for emigration of the white corpuscles of the blood, has been affirmed and also contradicted by respectable authorities on both sides. The probability lies in favor of such action, however.

—*Scriptor, of Conn.*—1. You should be aware that it is considered entirely improper to send copies of an article to two or more journals for simultaneous publication. 2. When an article is to appear in any Transactions or similar publication, it is not considered proper to publish it in a journal without the assent of the publication committee.

—*Poitrinaire, Pa.*—The reports on the value of benzoate of sodium inhalations in phthisis have been so conflicting, that it is difficult to form a correct opinion about them. The latest evidence seems favorable to their employment.

#### MARRIAGES.

HOPKINS—ROBERTS.—On the 28th of Second month, 1880, by Friends' ceremony, Dr. Charles E. Hopkins and Hannah W., daughter of Elihu Roberts, of this city.

#### DEATHS.

COOPER.—At the house of his son-in-law, H. W. Merchant, of Worcester, N. Y., on Sunday, Feb. 11th, 1880, of apoplexy, Dr. Tunis Cooper, aged 58 years.

GOERSEN.—In this city, suddenly, on the 3d inst., George F. Goersen, M.D., in the 63d year of his age.

HAILE.—Dr. A. B. Haile, a physician of about forty years' practice in Norwich, Ct., died March 9th, at the age of 74 years.

WARD.—At his late residence, No. 63 Madison Ave., New York, on March 4th, J. A. Ward, M.D.